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TRANSMITTAL	Application Number	10/735,307 <b>RECEIVED</b>	
FORM	Filing Date	December 12, 2003 CENTRAL FAX CENT	
(to be used for all correspondence after initial	filing) First Named Inventor	Jonnson	
	Art Unit	3621 MAY 2 2 2018	
	Examiner Name	Negron	
Total Number of Pages In This Submission	24 Attorney Docket Number	840468-605001	
ENCLOSURES (check all that apply)			
Fee Transmittal Form Fee Attached  Amendment / Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provision Application  Power of Attorney, Revocation Change of Correspondence Add  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	(Appeal Notice, Brief, Reply Brief)  Proprietary Information	
Certified Copy of Priority Document(s)  Response to Missing Parts/Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Landscape Table on CD  Remarks	Other Enclosure(s) (please identify below): PTO FORM PTO-2038	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name Rudolph J. Buchel Jr. (Reg. No. 43,448) Rudolph J. Buchel, Jr., P.C. Pro. Box 702526 Dallas, Jexas 75370-2526 Signature			
Date May 22, 2	والمنافذ المنافذ المنا	201041	
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Typed or printed name Rudolph J. Buchel Jr			
Signature	Date	May 22, 2008	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patient and Trademerik Reduction Act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number. Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818) Complete if Known Application Number 10/735,307 FEE TRANSM RECEIVED Filing Date December 12, 2003 CENTRAL FAX CENTE First Named Inventor Johnson For FY 2008 Art Unit 3621 **2 2** 2008 Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Negron TOTAL AMOUNT OF PAYMENT Attorney Docket No. 840468-605001 METHOD OF PAYMENT (check all that apply) Check |X| Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-3328 Deposit Account Name: Rudolph J. Buchel, Jr., P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTC-2038 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fee (\$) Application Type Fee (\$) Fees Peld (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 255 Utility 310 155 510 210 0.00 105 \$ Design 210 105 100 50 130 0.00 65 \$ Plant 210 105 310 155 160 80 0.00 \$ Reissue 310 155 510 255 620 310 \$ 0.00 **Provisional** 105 210 0 O n 0 \$ 0.00 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 185 370 Multiple Dependent Claims **Total Claims** Extra Claims MD Claims Fee (\$) Fees Paid (\$) Fee (\$) Fees Paid (\$) \$180 -20 or HP= 0.00 0.00 HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fees Paid (\$) -3 or HP= 105 0.00 0 HP = highest number of total claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) Fees Paid (\$) RΩ -100 /50 = \$120 \$ 0.00 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Extension of Time unde 37 CFR 1.136(a) \$ 60.00 Other (e.g., late filing surcharge): 0.00 SUBMITTED BY (Complete (if applicable)) Registration No. Name (Print/Type) Rudolph J. Buchel, Jr. 43,448 Telephone (972) 930-9449 (Attorney/Agont)

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